

Authorized Onsite Soil Evaluator Application To Renew

1. Name: (Last, First, Middle)			2. Date of Application:	
3. Home Address:			4. Business Address:	
5. Phone (home):			6. Phone (work):	
7. Date of Birth:			8. Fax:	
9. Drivers License Number:			10. Mobile:	
11. E-mail address:				
Number of CEUs	Number of hours	Course Title	Offered By	Date Taken

I certify that the information provided on this application is true. Further, I understand that providing false or misleading information or suppressing information on this application may result in denial of my application or the suspension or revocation of my standing as an Authorized Onsite Soil Evaluator if my application has been approved.

Signed _____

Date _____

Directions: Please complete all questions. If a question is not applicable, mark "N/A". Please type your responses. It shall be the responsibility of the AOSE to update the above information as necessary. Please enclose a check for the application renewal fee of \$100.00 (made payable to the Commonwealth of Virginia). Applications should be sent to:

The Division of Onsite Sewage and Water Services
 109 Governor Street, Room 500
 Richmond, VA 23219